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TO: Examiner L. A. Larson

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FROM: Thomas E. Anderson/Lori Bacon

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RE: SN 10/646,106

MESSAGE: AS WE DISCUSSED BY PHONE TODAY, I AM RESENDING COPIES OF DOCUMENTS THAT WERE FILED WITH THE USPTO ON 10/5/05. INCLUDED ARE THE TRANSMITTAL FORM, POWER OF ATTORNEY AND REVOCATION OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS AND RETURNED POSTCARD. THE CUSTOMER NUMBER ASSOCIATED WITH THE ABOVE-IDENTIFIED APPLICATION SHOULD BE 25006. YOU INFORMED ME YOU WOULD ISSUE A SUPPLEMENTAL NOA UPON RECEIPT OF THESE COPIES.

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PTO/SB/21 (09-04)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/646,106
	Filing Date	August 21, 2003
	First Named Inventor	Daniel A. Marx
	Art Unit	3725
	Examiner Name	Shelley Self
Total Number of Pages in This Submission	Attorney Docket Number	MDA-10002/08

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">Gifford, Krass, Groh, Sprinkle, Anderson & Citekowski, PC</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">Thomas E. Anderson</td> </tr> <tr> <td>Date</td> <td>October 5, 2005</td> <td>Reg. No.</td> <td>31,318</td> </tr> </table>			Firm Name	Gifford, Krass, Groh, Sprinkle, Anderson & Citekowski, PC			Signature				Printed name	Thomas E. Anderson			Date	October 5, 2005	Reg. No.	31,318
Firm Name	Gifford, Krass, Groh, Sprinkle, Anderson & Citekowski, PC																	
Signature																		
Printed name	Thomas E. Anderson																	
Date	October 5, 2005	Reg. No.	31,318															

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Typed or printed name	Christine M. Wolfe	Date	October 5, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
POWER OF ATTORNEY

Docket No.
MDA-10002/08

Name of Applicant: Daniel A. Marx
Address of Applicant: 917 Ottawa
Royal Oak, MI 48073

Title: BI-DIRECTIONAL EQUAL FORCE LOG SPLITTER

Serial No., if Any: 10/646,106
Filed: August 21, 2003

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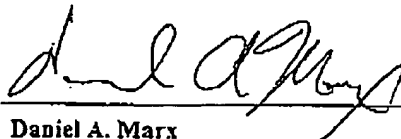
THE PRACTITIONERS ASSOCIATED WITH CUSTOMER NO. 25006

as principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all future correspondence to:

Thomas E. Anderson
Gifford, Krass, Groh, Sprinkle,
Anderson & Citkowski, P.C.
2701 Troy Center Drive, Suite 330
P.O. Box 7021
Troy, MI 48007-7021

By:


Daniel A. Marx

Dated:

10-4-05

PO28/REV01

Doc Code:

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/646,106
	Filing Date	August 21, 2003
	First Named Inventor	Daniel A. Marx
	Art Unit	3725
	Examiner Name	Shelley Self
	Attorney Docket Number	MDA-10002/08

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number:

25006

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		ZIP
Country				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Daniel A. Marx		
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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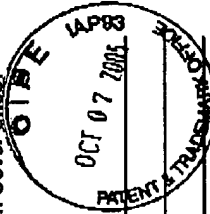
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☐ Page(s) Abstract
☐ Assignment & Recordation Cover Sheet
☐ Pages(s) Claims
☐ Check \$ _____
☐ Sheets of Drawings: _____
☐ Application Data Sheet
☐ Other: _____

Inventor: Daniel A. KrassSerial/Pat. No.: 10/141,106Docket No.: MDA-10003/08Date: October 5, 2005

Due Date: _____

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